

Commonwealth of Massachusetts **Town of Randolph**

Date:		
New:	Rene	wal:

BUSINESS CERTIFICATE/DBA

			e:
· · · · · · · · · · · · · · · · · · ·	PHYICAL ADDRESS. (NO PO BOXES/MAILING	•	
ature of Business:			
Owner(s) Name	Home Address	Phone	Email
*If a corporation is the ov	vner, provide the corporate name an	d address, plus the name ar	nd title of the signing officer.
Sign belo	ow, in the presence of a Notary	Public OR Town Clerk'	s Office
poroby cortify under the			
•	e pains and penalties of perjury to ace with the contents of MGL c. (•	knowledge and belief, have
ead and am in Complian		62C, §49A:	Ç
ead and am in Complian	ce with the contents of MGL c. (62C, §49A:	
ead and am in Complian # Business Tax ID Number	2 SS#	52C, §49A: 3 SS#	
ead and am in Complian #	2 SS#	52C, §49A: 3 SS#	
# Business Tax ID Number_	2 SS#ACKNOWLEDG	52C, §49A: 3 SS#	
Business Tax ID Number emmonwealth/State of en personally appeared oved to me through satisfactions	2 SS#ACKNOWLEDG	62C, §49A: 3 SS# GEMENT Date h was	:to be the
Business Tax ID Number ommonwealth/State of en personally appeared erson(s) whose name is signurpose.	2 SS#ACKNOWLEDG	SS# b was ged to me that it was volun	:

renaming, or withdrawing from such business or partnership.

Town Clerk:	CEAL	Expiration Date:	
	 SFAI	-Aprilation Pater	